

EIGHTEENTH REPORT  
OF THE  
LUNACY COMMISSION

TO HIS EXCELLENCY  
THE GOVERNOR OF MARYLAND.

DECEMBER 1, 1903.

BALTIMORE:  
PRESS OF JAMES YOUNG,  
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SECOND EDITION.

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# The Lunacy Commission

State of Maryland.

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# EIGHTEENTH REPORT OF THE LUNACY COMMISSION.

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## REPORT OF THE SECRETARY.

*To the Members of the Lunacy Commission:*

GENTLEMEN—I have the honor to submit the following report:

### GENERAL CONDITION OF THE INSANE IN THE STATE.

As was stated in the report of last year, little that is new can be said concerning the general condition of the insane in the State. No new laws have been enacted, the powers of the Lunacy Commission remain practically only advisory, and few changes have been made in the care of the insane by the counties.

Our two State institutions are doing excellent work, and every year shows improvement in equipment and method. Unfortunately little improvement can be noted at the county asylums. The patients are humanely treated, are fairly well housed and well fed, but this is about all that can be said. They are "inmates" and not "patients." Custodial care is all that is attempted. It is, however, gratifying to note that many more of the counties send all their insane to the State institutions than they did a few years ago. Most of the counties have come at last to realize that cases of insanity can not be properly cared for at a county almshouse. It is almost impossible to get any statistical returns from

these county almshouses. I sent a short time ago a letter to each Board of County Commissioners in the State, in whose county there was an almshouse, requesting certain information concerning the number of insane in the institution, and the cost of maintenance, and received only seven replies, many of them containing very imperfect answers to the questions asked. For this reason the report this year will deal only generally with the insane in the almshouses, depending for the statistics of the insane population, upon the larger institutions where the records are accurately kept. The Secretary has found a few insane persons in county jails, but in most instances the detention is merely temporary, until removal to an asylum or hospital for the insane can be effected. To this statement, however, one most remarkable exception must be made. In one of the county jails there is an insane man who is said to have been a prisoner for more than thirty years. The reports of the Lunacy Commission will show many requests to have this case removed, thus forcibly illustrating the urgent necessity for granting the Commission wider powers.

The insane in Maryland are cared for in four different classes of institutions, namely, State and city hospitals, county asylums, county almshouses and private and corporate institutions.

#### COUNTY ASYLUMS.

The County Asylum differs from the Almshouse, in that a separate building is provided for the distinctly insane. Unfortunately, the idea prevails that all that is necessary for the care of the insane is a secure place to keep them, and the buildings have been constructed with this feature distinctly apparent. The space is divided up too much into small rooms, having very

inadequate accommodation for the recreation of the patients. The closet and bathing facilities are meagre, ventilation often poor, the equipment far below what it should be, and a general air of gloominess prevalent. The contrast is very striking between these wards and some of those of our State institutions where the bright corridors, flowers, pictures and comfortable furniture add cheerfulness to the surroundings of the unfortunate inmates.

As has been said in former reports, these institutions illustrate very clearly the fact that the counties with their limited means should not attempt to care for their acute or sub-acute cases of mental disease. In no instance is there a resident medical officer, and the Superintendent's office is a political one, subject to change with every change in politics in the county. In almost every instance these asylums are overcrowded, no classification of patients is attempted, the number of attendants is utterly inadequate, and the patients are given no systematic employment. The Superintendent of one of these asylums told the Secretary recently, that he had never had as little trouble with his patients, nor had ever known them to be so healthy as they were this autumn. The reason he said was, that owing to certain conditions, he was obliged to use every patient who was able to work. What better argument could be advanced to show the beneficial effect of employment? Practically no attempt is made to furnish entertainment for these unfortunate people. In our State institutions every effort is made to lighten the tedium of their existence. Musicales, plays, balls, games are all provided, and a large proportion of the patients derive a great deal of enjoyment and benefit from this source. Work and play, occupation and entertainment; these distinctly therapeutic measures occupy a prominent place in all



modern hospitals for the insane. The day has, fortunately, passed when the insane are simply confined as prisoners and these institutions belong to the old era. We have in the State about three hundred insane persons in these county asylums. The superintendents, as has been said, are entirely without training in the management of the insane, and the same may be said in general of the attendants. It is true that a physician visits these institutions, but he is in every instance a general practitioner who cannot be supposed to keep in touch with modern methods employed in the treatment of the insane. Enough has been said to show how very much better it would be for these unfortunates if they were in a State institution where they could receive the best possible care.

This criticism of the county asylums is intensified by the fact that several of them not only care for the insane of the county, but take a considerable number of patients from other counties for which they receive pay. It must in justice be said that the officers of these institutions do their best, but the appropriations granted by the counties are utterly inadequate to properly equip or conduct a modern hospital for the care and treatment of the insane.

Without intending to make this criticism harsh, it must be said with all deference, that the worst feature in the care of the insane in our State is the county asylum. In the almshouses there are now very few cases that require hospital care. The majority of the insane in the almshouses are idiots and demented. In the county asylums on the other hand are many cases of acute and sub-acute insanity that demand careful treatment. As has been said above, it is simply impossible for any county to properly equip and conduct a

hospital for the insane with the insufficient appropriation that is grudgingly allowed.

Unfortunately, the question of cost always arises ; we must keep in mind that the cost of living is steadily increasing, and should not try to force the per capita of the defenseless insane down to the lowest possible figure. It is by no means to the credit of any county to have a very low rate for the support of the insane. On the contrary, liberal appropriation is an evidence of the appreciation of the duty of the citizens of the county towards this most unfortunate class. The evidence in favor of State care would seem absolutely convincing ; it is infinitely better than the counties can afford, it is far more humane, it offers a greater chance for recovery to the patients, and in the long run is more economical.

While this section was being prepared the newspapers contained accounts of a most horrible scandal at one of the large county asylums. It is surely time for the State to intervene when insane women are not safe from outrage. The Lunacy Commission has frequently called attention to the inadequate number of attendants in the asylum above referred to, but the suggestions have passed unheeded, and the Commission unfortunately has no authority to enforce its recommendations. This shameful occurrence is merely another and potent argument to be added to the long list of reasons why State care of the insane is necessary.

#### COUNTY ALMSHOUSES.

Instead of describing the county almshouses in detail, as has been done in previous reports, it has been thought advisable to present a general picture of the almshouse system as it exists in this State, and to place the individual institutions in certain groups. The reasons for

this change from the usual form is twofold: First, it is impossible from the few visits that can be paid to each almshouse in the State to obtain any very satisfactory idea of the management. The Secretary can merely inspect the buildings, which, unfortunately, rarely ever present any improvements to be noted, and to examine the patients, of whom only a very few come within the jurisdiction of the Lunacy Commission.

Again, it is extremely difficult to obtain reports from Superintendents, and when such reports are made out, they are very often inaccurate and misleading. Although the most explicit directions are given, one Superintendent will enumerate all the inmates of the institution, insane and pauper, while another will include under *insane* only violent cases.

The second reason for the change in the report is, that of necessity the detailed accounts of the almshouses, with merely an enumeration of the inmates and the varying degrees of untidiness existing, is naturally uninteresting to the general reader.

The almshouse system, as it exists in Maryland, is probably as good as that in most other States. The average almshouse is located usually some distance from the county seat, and generally is very inaccessible. It is interesting to note that few citizens of the county have ever seen the almshouse of their county, and this fact will perhaps explain the deplorable condition of some of these institutions. Certain it is, that if the real state of affairs was known, the almshouses in some of the counties would either be abolished altogether, or the sadly needed repairs made, even though the tax rate would be advanced a fraction of a cent. The farm upon which the almshouse is situated generally embraces several hundred acres, and unfortunately is often in both senses of the word a "poor farm."

The buildings consist in most instances of a fairly good house, in which resides the Superintendent and his family, and occasionally one or two respectable non-insane white paupers. A frame building of one or two stories contains the white inmates, sane and insane. The small scantily furnished rooms are occupied by one or more persons not always of the same sex. In the last report may be seen a description of a room 15x15, occupied by seven persons in various steps of mental degeneracy, of whom five were male and two female. In another almshouse, visited only a few days ago by the Secretary, an old negro man and an imbecile negro girl were found. No attempt is made to furnish separate accommodations for the sane and insane, but all occupy the common sitting room *cells*.

The negro patients are generally provided for in a dilapidated cabin, more or less unclean, and always overcrowded.

The Superintendent is a political appointee, and is changed frequently. It need not be added that he has no experience in the work. He is sometimes a good farmer, but there his fitness ends. In hardly any instance, except in the large county asylums, is there an assistant. When the Superintendent is about his work on the farm, the inmates are left to their own devices. The Secretary recently visited an almshouse and found that the Superintendent was away for the day, and there was literally no one in charge.

The physician to the almshouse, who usually receives a mere pittance for his services, often lives miles away and visits the institution at irregular intervals. The buildings are heated by stoves, and sometimes by the dangerous open fires, generally overheated and always without proper ventilation. The inmates, as far as can be seen, are adequately fed.

Very few of the patients are given any employment, because there is no one who can superintend them at their work. Of entertainment there is, of course, none, unless an occasional prayer-meeting may be so classed.

Such is the average almshouse in Maryland—badly adapted to the needs of the pauper, utterly unfit for the care and treatment of the insane. It need not be added that the chance for improvement in the insane amid such surroundings is practically *nil*.

It is gratifying to note that during the past four or five years, the efforts of the Lunacy Commission to have the insane removed from these almshouses, has met with some measure of success. Unfortunately the powers of the Commission are advisory only.

There are four counties of the State that provide separate buildings, or segregate the insane in a certain part of a building, viz: Allegany, Cecil, Frederick and Washington. These county almshouses which, in the aggregate, care for about 270 patients, will be discussed under a separate heading.

Quite a number of the counties of the State do not receive insane patients in the almshouses. It is true that in some of them there are persons that technically should come under the jurisdiction of the Lunacy Commission, but are not regarded as insane by the County Commissioners. The class alluded to are made up of feeble-minded, idiotic, demented and senile persons who are not troublesome, and who need no special supervision. The number of these is not very great. The following counties may be said to receive no insane patients: Calvert, Charles, Garrett, Harford, Howard, Montgomery, St. Mary's, Worcester. The next group do not care for insane patients except of the class mentioned above, feeble-minded, etc., all tractable: Anne Arundel, Carroll and Wicomico.

The remaining counties, Baltimore, Caroline, Dorchester, Kent, Prince George's, Queen Anne's, Somerset, and Talbot always have a certain number of insane patients that should be placed in one of our State institutions.

The picture which has been drawn of the average county almshouse is, I am sure, from some years observation, a fair one. Of course, some of the institutions are a little better, some distinctly worse than described. The important conclusion to be drawn is that the county almshouse is not the proper place to care for the insane.

#### STATE, CITY, CORPORATE AND PRIVATE INSTITUTIONS.

Nothing but praise can be bestowed upon these various institutions, detailed descriptions of which will be presented further on.

#### STATE CARE OF THE INSANE.

To any one at all familiar with the condition of the dependent insane in this State, the question of State care *versus* county care hardly admits of discussion. Contrast our two well-equipped State hospitals, Spring Grove and Springfield, institutions that any State might well be proud of, with the county asylums and almshouses!

In the State hospitals especially constructed for the care of the insane we see wards and dormitories well lighted and ventilated, recreation halls for the entertainment of the patients, workshops where the various industries are carried on under skilled supervision, and ample opportunity for outdoor work. The county houses without exception offer inadequate accommodations for the patients. In the best of them the lighting and ventilation are faulty, there are no workshops nor recreation rooms, and often no suitable place for out-door

exercise. In many counties, as has been repeatedly pointed out in the various reports of the Lunacy Commission, the buildings are dilapidated and utterly unfit for the reception of decent human beings. Contrast the comfort of the patients in a bright, commodious, well furnished ward of one of the State hospitals, with the miserable existence described in one of the county almshouses, where the Secretary of the Lunacy Commission found in a wretchedly dirty room 15x15 feet, seven inmates, five men and two women. Again, the patients in the State hospitals are under the constant care of specially trained physicians, who study each individual case and direct appropriate treatment.

An adequate number of trained attendants look carefully after the needs of the patients and carry out the physician's orders. A record is kept of each case, and every change in condition carefully noted. Every effort is made by medical treatment, by entertainment, and by occupation, to restore the lost mental balance.

In the county institutions the superintendent is a man with no training in this work, the attendants are altogether inadequate in number, and with no knowledge of nursing, and there is no resident medical officer, a physician who has no special experience in the treatment of the insane, visiting the patients at certain times.

Take three illustrative cases: The Secretary was asked to investigate a case in a county almshouse, and found locked up in an indescribably filthy room a man who was cursing and yelling at the top of his voice, to all intents a wild animal. This man was removed to one of the State hospitals, where the Secretary saw him shortly after his arrival, and found him well clothed, well-behaved and contented.

The second case was also seen in one of the counties, a negro man who was chained to a tree in summer, and

confined in a miserable improvised cell in winter. This man is now at one of the State hospitals, a well behaved patient and a good worker.

The third case is that of a man who for years was kept in an out-building at a private institution. The Secretary has seen this man frequently, and he was always entirely nude, and generally filthy, a most disgusting sight. This man is now at one of the State hospitals where he is suitably clothed, and behaves himself in a perfectly proper manner. In all of these instances, the almost miraculous change was wrought, of transforming an animal into a human being. The cases mentioned above were all incurable, and illustrate merely what a change of environment will accomplish. From a consideration of the above facts, it goes without saying that the chances for recovery are infinitely greater under State than county care.

Is it not then manifestly the duty of the State, from a humanitarian point of view, to provide the best care possible, and to offer the greatest chances for recovery to this most unfortunate of all the dependent classes?

Under State supervision, entertainment, occupation, kindly care, scientific treatment; under the county system, confinement, no occupation or entertainment, negligent care, the women not safe from outrage, no treatment; which will the people of this State choose?

Looking at the question from the purely economic side the decision must be in favor of State care. It has been shown that a far greater number of mentally diseased persons will recover under proper environment and treatment. A man has an attack of acute insanity, is placed in an almshouse or county asylum, nothing practically is done for him but keep him a prisoner as though he were a criminal, he gradually degenerates into a state of chronic insanity, and must be cared for



during the remainder of his life. If under proper treatment, such a case recovers, he again becomes self-supporting. Statistics on this point are difficult to obtain, but those whose experience is greatest in the treatment of the insane, are confident that a very much larger percentage of recoveries occur in well regulated hospitals than in county houses. In some of the almshouses of this State there are insane women who have given birth to numbers of children, most of whom are necessarily degenerates, and become wards of the counties. This iniquity is unknown, of course, in our State hospitals. It is easy to see that a concentration of the insane in our State hospitals must of necessity reduce the per capita cost. Most of the counties provide a large farm with a superintendent and physician who must be paid, for the support of a very few insane patients. The counties of the State are rapidly acquiring hospitals at the county seats where cases of acute diseases, not mental, can be properly treated, and it would be far more economical to board out the few paupers. Take for example Dorchester county: an excellent Hospital has been erected at Cambridge, and yet the county has a farm of some five hundred or more acres, with a superintendent and a visiting physician, and last year the report from this county showed but 11 cases at the almshouse. A much larger percentage of cases recover under proper hospital treatment and *concentration would decrease the per capita cost.*

Let us take a still more practical view of this question. There are two hospitals for the insane, owned by the State, Spring Grove and Springfield. Each Legislature makes a small appropriation to these institutions. The per capita cost for patients is something over \$200 a year. Every patient is paid for by the counties or City of Baltimore at the rate of \$150 a year. The

difference between the rate fixed by law and the actual cost of maintenance is thus paid by the State. As a matter of fact then, each county and the City of Baltimore pays the fixed rate for every patient sent to the State institutions, and also pays from the State taxes the additional amount necessary for the maintenance of such patient. How much simpler and more economical if this burden were evenly distributed.

The report of the Lunacy Commission shows that the dependent insane in the State, number about 2,200, not including about 100 feeble-minded, supported entirely by the State. Of this number about 1,000 are in the two State institutions, Spring Grove and Springfield, 300 city and county patients are at Mount Hope, 370 at Bay View, about 500 in the county asylums and almshouses; in round numbers 2,200. Fully 100 may be deducted from this number, of such patients as are merely senile or slightly feeble-minded, and in no sense require hospital care or treatment. Thus we have about 2,100 dependent insane, 1,050 of whom are in the two State hospitals, 300 at Mount Hope, 370 at Bay View, and about 400 in the county asylums and almshouses.

*Cost of maintenance under the present and under the proposed system:* 1,050 patients at Spring Grove and Springfield, for which the city and State pays \$150.00 per annum per capita (\$150,000), but the actual cost for maintenance is \$210.00 per annum, \$220,500; 300 patients at Mount Hope, the per capita cost paid by the city and counties is \$150.00, \$45,000. City patients at Bay View at \$80.00, \$29,600. About 400 patients in the county asylums and almshouses, the per capita cost estimated at \$60.00, \$24,000.

The total expenditure then under the present system is in round numbers about \$319,100. This is a very conservative estimate when we consider the large amount

of land, the salaries of the superintendents and physicians, and the fact that it is very difficult to differentiate between the cost of the insane and the paupers, the former requiring far more care, and consequently costing more. Again, as has been said, the concentration of large numbers of insane in the State institutions will very greatly lower the cost of maintenance. Comparing the *per capita* cost for the support of the insane with that which exists in other States, and carefully estimating the conditions in Maryland, \$150.00 would be a safe and conservative estimate of the annual cost for the maintenance of an insane patient under the proposed State care. The figures then would show the following :

Under the present system the cost for the support of the dependent insane is about \$319,100. At \$150.00, a conservative estimate, the 21,000 dependent insane would cost the State \$315,000, an actual saving of about \$4,000 a year. A decided saving in expense, an incalculable saving in human suffering. It is impossible to calculate the immense saving in the cure of acute cases, in well regulated hospitals, that would inevitably drift into chronic and incurable conditions if left in the county almshouses without treatment and with indifferent care.

Thus from the purely economic standpoint, leaving out the great humanitarian motive, the State of Maryland should not hesitate an instant to range herself by the side of the other progressive States and pronounce most emphatically in favor of State care for the unfortunate insane.

If the Legislature approves this measure, the following plan can readily be put into operation. Spring Grove is well adapted to the care of acute cases of insanity. It is easy of access, being so near Baltimore, the buildings are compact, and the resident physicians can be called at any moment, and the acreage is sufficient for

the care of acute cases, many of whom must be confined in their rooms for a time. Several additional buildings would have to be provided, such as a ward for consumptive patients, a hospital ward and a laboratory.

Springfield, located at Sykesville, Carroll County, is admirably adapted to the care of the chronic insane. The farm of some seven hundred acres, is one of the best in the State. Already there is an excellent plant established there, the buildings arranged on the cottage system with a central administration building. This cottage or "group" system could be almost indefinitely extended. Of course, it would not be necessary to erect such complete and expensive buildings as the present ones. Under State care, there would be large numbers of chronic insane that could be perfectly well cared for in inexpensive buildings, in a group by themselves. This "group" system would also allow of a proper classification of cases. There could also be provided a group for the colored insane, who are very poorly provided for under the present system, and also a special provision made for the criminal insane.

If Spring Grove were enlarged to a capacity of 600 to 800 patients, and the present capacity of Springfield increased to 1,200 or 1,500, all the dependent insane in the State could be cared for at these two institutions. During the next four or five years these additional buildings could be erected so that by 1909, the time proposed by the bill to be presented to the next Legislature, the State would be ready to receive all its dependent insane.

It is the duty of the State to care for its dependent insane, because under State care (1) The patients are humanely treated. (2) A far larger percentage will recover. (3) The cost would be no greater than under the existing system. (4) The plan is feasible, since it

necessitates merely the enlargement of the two excellent hospitals for the insane, now in existence.

#### EPILEPTICS.

The condition of the epileptics remains unchanged, so that there is little to add to what has been already said in former reports.

It is a humiliating admission to make that this State makes no provision for its epileptics. The number of these unfortunates approximates that of the insane, and yet they must be kept at home except where the parents can afford to send them to private institutions. Clearly almshouses and insane asylums are not suitable places for persons who are perfectly rational, but who are liable to have attacks at more or less frequent intervals. The Secretary often sees pitiable instances where an epileptic child interferes with the whole domestic economy of the family, and yet the cost of private care is too great to be thought of, and there is no provision by the State for such cases. Something must be done, and that speedily, for this class. There is no class in the community more deserving of sympathy than those unfortunates afflicted with epilepsy. Epileptic children are not allowed to go to school if they have attacks during school hours. It is impossible for such children to obtain employment since upon the first attack they are dismissed. Hence it is imperative upon the State to assume charge of this class, or at least of the indigent individuals belonging to it. At present there is absolutely no place in the State where indigent epileptics can be sent. The Maryland Training School is intended for feeble minded, and in no sense for epileptics, and of course epileptics cannot be sent to one of the State hospitals for the insane unless they show distinct evidence of mental alienation. The Silver Cross Home has

made a start in the right direction, but this institution is very small and without adequate means.

The plan of colonizing the epileptics, which has been in successful operation for many years in Germany, has been inaugurated in many of our States, and has proved of inestimable benefit to this unfortunate and helpless class. Such colonies can be made, as experience has shown, largely self-supporting, since the great majority of the patients are able to work, and can be taught trades.

The Lunacy Commission wishes to concentrate the attention of the people of this State upon the somewhat deplorable condition of the dependent insane, as a matter of first importance, but at the same time to keep in the public mind the fact that there is great need for some provision for the dependent epileptic class. In these days of magnificent gifts to universities and colleges, why does not the philanthropist consider the crying needs of this class? I know of no way in which a comparatively small sum of money could accomplish as much good and relieve as much suffering as in the establishment of a colony for the dependent epileptics.

#### INEBRIATES.

While inebriates are not classed as insane, still the law regulating the commitment of them is very similar to the law committing the insane, and they are usually sent to one of the State hospitals for the insane, thus coming in a sense under the jurisdiction of the Lunacy Commission. Again, if we consider the large percentage of mental diseases that are directly traceable to the effects of alcohol, it is remarkable that more strenuous efforts are not put forth to control these unfortunates who are not able to control themselves. I am frequently consulted in regard to the management of inebriates,

but under existing conditions it is almost impossible to do anything for them. Experience has shown that it is very difficult to draft a suitable law for the detention of this class. On the one hand the law must be such that it would be impossible for a man who is self-supporting, to be deprived of his liberty merely because he is a nuisance to his relatives, or from other interested motives, while on the other, the law must be sufficiently definite to permit of a confirmed inebriate being confined, under jurisdiction of the court, until the physicians under whose care he is, consider him fit to be discharged. In this State the law relating to inebriates is, unfortunately, about the same as the law governing the commitment of the pauper insane. If the inebriate belongs to a respectable family, the relations, as the Secretary of this Commission has had ample opportunity to observe, have great reluctance to carry the case into open court. Perhaps the law could be so modified as to allow the case to be tried by a judge in chambers, and thus avoid publicity. The accused person could have his witnesses and lawyer, and at the same time avoid a publicity, which is often undesirable. As to the relation of alcoholism to insanity, the statement of Prof. Kraepelin, of Heidelberg, Germany, one of the highest authorities in the world on this subject, may be quoted: "It is well-known that in the asylums for the insane in the German Empire, 10 per cent. of the patients have been committed on account of mental diseases due to alcohol. In some institutions the number is as high as 30 per cent., and even then these figures do not include numerous cases in which alcohol has been an exciting, but not the primary cause for the trouble in cases of mania, epilepsy and paresis. In 1898, in the Heidelberg clinic, the alcoholics formed more than 13 per cent. of the total number of patients, in the men's ward alone, the percentage being 25. When we consider that expe-

rience teaches that about a third of the living children of alcoholic parents suffer from epilepsy, and that, according to Bournville, more than one-half of the idiotic children have alcoholic parents, it is readily seen that there is sufficient reason for the State to take up the consideration of the alcohol question, even if so much misery was not caused in many other directions by this poison."

In addition to the alcohol inebriates must be considered the growing use of opium, chloral and other drugs. The unfortunates who have become addicted to the use of these drugs are in a hopeless condition unless strenuous measures be applied for their relief.

It is perfectly feasible to have at Springfield a colony to which inebriates could be committed for a definite period, and could be recommitted on the first offense after leaving the colony. An incalculable amount of good might be accomplished by this system.

#### NEGRO INSANE.

Insanity is increasing at a more rapid rate among the negroes than among the whites. This is true of Maryland as well as of the more southern States. Most of the States having a large negro population have found it necessary to erect hospitals for the treatment of this race. The insane negro fares rather badly in this State, since Springfield receives none and Spring Grove but a limited number. There are at Frederick, in the Montevue Hospital, about sixty negroes, and, as will be seen from the description of this asylum, it is not without serious drawbacks. In the counties the negroes are largely kept in almshouses, and it goes without saying that they do not receive the attention they should have. It would be in the plan of State care now under consideration, to erect at Springfield a group of buildings



for the negro insane, where they could be properly looked after, and where they would receive suitable treatment. There are about 500 negro insane in the State, and they could easily be placed in a group by themselves. The sentiment in this State is adverse to mingling the races, and it would be far more economical to erect a group of buildings at Springfield than to inaugurate a new plant.

#### THE CRIMINAL INSANE.

The term "criminal insane" is taken to mean broadly both those who have been acquitted of some offence against the law by reason of their mental condition, and also those who have become insane during their incarceration in jail or penitentiary. It is manifestly improper to compel innocent persons who are merely insane to be confined with insane criminals. The patient himself may not be able to appreciate the indignity, but the patient's relatives and friends often do so most keenly. Then there is an added responsibility in caring for the criminal insane, since they cannot be allowed the same amount of liberty as the non-criminals for fear of their escape as they begin to convalesce. During the last few years several patients who were confined in asylums by reason of insanity, but who had a criminal record, have escaped, and some criticism has been passed in the newspapers upon the management. As long as the State does not afford suitable accommodation for this class, just so long will there be escapes. There should be a suitable building, surrounded by a stockade, where this class could be kept. The plea of insanity, which is raised far too often in criminal cases, would, perhaps, not be so often in evidence if it were known that the perpetrator of a crime was strictly confined. After a certain length of time the Superintendent of the hospital could assure himself of the insanity or not

of the individual patient and could treat him accordingly. In the meantime the public could feel perfectly sure that no escape was possible pending such decision. A group of buildings could be erected at Springfield for this criminal class, and they could be carefully watched, so that the community could feel assured of their safe-keeping, whether they are criminals let off on the specious plea of insanity, or whether they are really insane with homicidal tendencies. Then there is always a considerable number of cases in the city and counties awaiting trial, whose mental condition is undetermined. Instead of keeping such persons in jail they could be kept in the insane pavilion, and their condition carefully studied and the question of insanity scientifically decided. Unquestionably this plan would greatly subserve the ends of justice.

#### LUNACY LAWS.

Under the existing laws of the State of Maryland, all that is necessary for the commitment of a patient to an asylum for the insane, is the certificates of two physicians. Thus it would be perfectly possible for two persons signing themselves John Smith, M. D., and John Brown, M. D., to commit John Robinson to an asylum. Such a commitment is perfectly legal, and the superintendent of the asylum to which such person is committed cannot be supposed to be familiar with the signatures of all the physicians in the State. That such a process is unconstitutional goes without saying; the accused has absolutely no opportunity of making any defense, and he is deprived of his liberty merely on the signatures of two physicians, which may or may not be genuine. Not long ago I was called to sign a certificate of a supposed lunatic. The patient was a woman who was said to be an inebriate and insane. When I saw her she was perfectly sane, and I refused to sign any certificate. The

doctor who had called me in consultation said, in the presence of the woman's husband, "we have gotten hold of the wrong doctor." Another physician was called and the woman was committed to one of our institutions where, after examination, the superintendent refused to keep her as an insane patient. This case is quoted to show merely the possibilities under the existing laws. It is doubtful whether any of the insane committed only by the certificates of two physicians can be legally held. If such a commitment were passed upon by a judge of a court of record, there need not be any more publicity than at present, and the commitment would be legal, and the institution not liable, which is possible under the existing laws. It must in fairness be added, that the present method is certainly rarely if ever purposely abused in this State, and it has the advantage of the avoidance of publicity. Still the law should be such that there could be no possibility of abuse.

During the past year or two much criticism has appeared in the public press concerning the laws relating to the insane. In one notable case a man who had committed a murder and was adjudged insane escaped almost certainly by means of outside assistance from one of our State hospitals. The Hospital, the Superintendent of the institution, the Lunacy Commission, *all* were most severely criticised by "Veritas," "Constant Reader" and "Old Subscriber." The facts of the case were that the man was adjudged insane by a jury of the Criminal Court of Baltimore City, and committed by the judge to the asylum. After some months a writ of habeas corpus was sued out, and the court of Baltimore county refused to release him, holding that he was still insane. A few months later he escaped, most probably with the aid of outside persons. The blame could in no way attach to the institution. The Superintendent very

properly allowed this man to be out of doors with the other patients. He would not have escaped if he had not been aided from the outside. The meagre State appropriation does not provide enough money to permit a sufficient number of attendants to watch patients who are liable to be aided in their escape. No provision is made for the criminal insane, and as long as these persons are cared for with the other insane, escapes will necessarily occur. In connection with this case a most unnecessary criticism was made upon expert medical testimony. Any intelligent person will see that it is only in doubtful cases that the question of insanity will be seriously raised, and there necessarily exists ground for differences of opinion. It is for the jury to decide, after hearing both lay and expert testimony, where the trouble lies. It does not seem to be generally known that a revision of our obsolete and antiquated lunacy laws was offered to the Legislature of 1899. This law was most carefully drawn, after consideration of the most modern legislation of our own and other countries, was approved by most of the judges of the Baltimore Bench, many of our leading lawyers, the Medical and Chirurgical Faculty of Maryland, and other societies, and yet this bill did not get through the judiciary committee. Complaint is made that the Lunacy Commission does not do this and that, but under the old law the Commission has the most limited powers, in fact merely advisory. Under such circumstances it is very evident that the trouble is in the indifference of the citizens of the State in regard to the welfare of the insane. The laws are sadly in need of revision, and yet so far, it has not been possible to have any proper revision adopted by the Legislature. It is most sincerely hoped that in this, as in other matters relating to the insane, a hearty public interest may be aroused, and that the necessary legislation may thus be made possible.

## THE LUNACY COMMISSION.

There is no board appointed by State authority whose duties are so illy defined and whose authority is so limited as that of the Lunacy Commission. Theoretically, this Commission has the supervision of all the insane in the State—practically, it has only advisory powers. An almshouse may be conducted in the most shameless manner and its inmates treated most inhumanely, and all the Lunacy Commission can do is to point out the defects to the County Commissioners, who are supposed to be conversant with the facts. If a person is illegally detained in an asylum the Commission can only call the attention of the State's Attorney to the fact, a privilege that is enjoyed by any citizen. A superintendent may be totally unfit for his position, and all that the Commission can do is to relate this fact to the board that appointed him. If the Lunacy Commission is to be in a manner held responsible for the welfare of the insane, then most assuredly it should have some authority. For years the County Commissioners have been notified concerning certain defects and deficiencies in their respective almshouses, and these criticisms have been published in the annual report, and yet little attention has been paid to them. It is surely time that this board, appointed under the laws of the State, should have due consideration. It should have the authority to remove incompetent officials, to order the removal of patients who, in the opinion of the board are not insane (except, of course, those under criminal charges), and should have an actual, not a mere nominal supervision of the insane of the State.

The Commission has had a number of meetings during the past year. Owing to the fact that the Commission is often called upon to report at once upon cases in the Penitentiary, or to investigate cases that claim to be illegally

held in institutions, it has very often been impossible to get the whole board together, and this work has been done by the Executive Committee, the members of which reside in the city, and the Secretary.

During the past year occurred the death of Dr. John Morris, President of the Commission. Few men of Dr. Morris' generation took such a deep and personal interest in matters relating to public health, as did he. His efforts in behalf of the insane were untiring. He was one of the original members of the Lunacy Commission, and was President of the Commission from 1892 until his death. During his last years, although confined to his room, he kept up his unflagging interest in the work of the Commission, and was ever ready to offer his advice and assistance.

Dr. Thomas S. Latimer, one of the original members of the Commission, was elected President to fill the vacancy caused by Dr. Morris' death, and Dr. Stewart Paton was appointed a member of the board by His Excellency, Governor Smith.

#### MARYLAND HOSPITAL FOR THE INSANE.

(SPRING GROVE.)

As was said in the last report, this institution is in every way admirably adapted to the care of the acute insane. It would be far better and more economical to adhere as strictly as possible to the rule of sending the acute insane to the Maryland Hospital, and the chronic cases to Springfield. One of the distinguished features of this institution is the attention which is paid to the occupation and entertainment of the patients. Nothing contributes more to the mental health and well being of insane persons, than does occupation. The industrial shops for men are admirably managed, and much excel-

lent work is turned out. It is very imperative that similar shops should be erected for women.

The accommodation for the colored females is entirely inadequate. The patients are crowded together and the ventilation is very imperfect. As will be seen from the Superintendent's report quoted below, there is urgent need at this institution of a building for the colored insane.

In his last report the Superintendent says :

"The number of patients admitted during the year is considerably less than the general average for previous years. The reason for this small admission rate was not due to the decreased demand for accommodation, nor to the decline of insanity in our State, but to the crowded condition of the hospital and the special effort made to restrict the number of patients admitted.

The endeavor has also been to receive curable cases only where vacancies existed, but the table setting forth the curability of the admission shows that in this respect we were far from successful, as over 60 per cent. were suffering from chronic mental disorders, without hope of recovery.

The number of colored patients has increased by 5 during the year, and their total population is 61. Our accommodations for this class of our population, especially the females, are far from satisfactory, and in spite of every endeavor to restrict the number of new patients received, overcrowding has at times resulted. The Lunacy Commission, in their last report, recommended that a special building be erected at one of the State institutions, where adequate means of classification can be obtained, and resulting increase of the recovery rate.

The number of patients discharged as recovered shows a percentage of 23 upon the total admissions, and 60 per

cent. if calculated with reference to the curable cases only. This is a very satisfactory result and compares favorably with the reports of similar institutions.

Our death rate for the past year was 8 per cent. upon the daily average population.

As has been the case in the past, pulmonary tuberculosis heads the list with 25 per cent. of the total. The only hope of eradicating this dreaded disease from our Hospital is absolute isolation of infected cases, and in another section of this report special attention is directed to the necessity of a separate building for these cases.

The two fire escapes erected during the fiscal year have fully come up to the claims of the manufacturer and my own expectations.

The entire building, after some practice, was emptied in an incredibly short time without any difficulty, and there is no occasion for uneasiness should a fire occur in the front wards.

The extreme western wings are, however, separated from the escapes by a stairway, which in all probability would act as a flue to the flames and smoke, and prevent the patients in this particular part of the building from gaining access to the escapes.

Two additional fire escapes would remedy this difficulty and provide means of rescue for every patient in the building.

A new generator was purchased at the cost of \$600 for the electric plant. This machine has not been installed, but will be held in readiness in case of an accident to the armature.

The other improvements, in addition to the usual ones to the lawns and grounds, consisted in the erection of a shed for the storage of wagons and carts, and a cement walk around the bake-shop and coal bins.



Electric lights have been placed, through the courtesy of the County Commissioners of Baltimore County, along the avenue leading from the electric cars to the Hospital grounds.

The male refectory has been renovated and painted, and the Hospital ward in the female department is now in the hands of the painter for the same purpose. During the coming winter I hope to have several additional wards painted and decorated.

It has been eight years since any special appropriation has been made by the General Assembly for improvements or alterations to the Hospital buildings. The attention of the legislative bodies has been called in several previous reports as to the importance of sufficient sums being appropriated to the Hospital for these various requests, but without success. It is now essential to the credit and welfare of the Hospital and its patients that liberal appropriations be granted for the various improvements asked, with the assurance that the funds will be expended with the greatest care and conservatism.

\$15,000 is again requested for the purchase of the additional land for agricultural purposes.

It is hardly necessary to reiterate what has been said in previous reports as to the great advantages which would accrue to the Hospital and its patients by the acquisition of this property.

\$15,000 will be required to construct a separate building where the contagious and tubercular cases can be isolated. It is impossible to properly isolate the patients suffering from contagious diseases in a building constructed on the plans of ours.

It is important that an additional electric engine be installed at a cost of \$3,000.

The electric plant is only a single one, and the Hospital would be seriously embarrassed should an accident deprive it of the only system of lighting.

To properly protect the western wing of both the male and female departments, two additional fire escapes should be erected, for which \$2,000 will be required.

Our present facilities for the propagation of plants and flowers are entirely too limited, and a new green house is sadly needed. The cost of such a building will be \$2,000.

The space allotted to the women for indoor occupation is much too contracted and wholly inadequate. The sum of \$1,500 would cover the cost of the erection of a special building for this purpose.

The drying rooms now in use in the laundry are constructed of wood, and consequently there is constant danger of fire originating in them. They should be replaced by steel rooms, for which change \$1,500 should be expended.

The usual number of entertainments for the benefit of the patients was provided during the year. The interest in the dances does not seem to diminish and the floor is usually crowded on dance nights. The masked ball has become an annual affair, and each year the number of patients who desire to participate increases.

The one established principle in the management of the insane is to provide as large a variety of useful occupations as possible. The tables below show that in the past year the patients have been occupied to a greater degree than any previous year in the history of the institution.

Increased efforts were continually made to find employment for every patient who showed the slightest disposition to occupy his time, and in addition we sent

to work a number of our most hopeless demented with considerable success.

The Industrial shop continues to turn out excellent work, especially since the new foreman has taken charge.

The Hospital News is published regularly each month and is a source of pleasure and profit to our household. The editor deserves favorable mention for the able management of the paper, together with the printing office, which is under his supervision.

We are still unable, from lack of facilities, to provide as suitable and diversified employment for the women as is desired, but the erection of an Industrial shop would soon overcome this difficulty."

Board of Managers: John S. Gibbs, Esq., President, Baltimore County; Arthur D. Foster, Esq., Secretary and Treasurer, Baltimore City; Francis White, Esq., Baltimore City; Charles G. W. Macgill, M. D., Baltimore County; Wesley M. Oler, Esq., Baltimore County; Lawrason Riggs, Esq., Baltimore City; Robert Taylor, Esq., Baltimore County; William H. Gorman, Esq., Baltimore County.

Officers of the Hospital: J. Percy Wade, M. D., Medical Superintendent; R. Edward Garrett, M. D., Jesse C. Coggins, M. D., Assistant Physicians; Robert P. Winterode, M. D., Pathologist; William R. Foard, M. D., Clinical Assistant.

#### SPRINGFIELD.

In view of the fact that every effort will be made to induce the Legislature of 1904 to enact a law committing the State to the care of its indigent insane, attention is especially directed to this institution.

In the scheme suggested, Springfield is pre-eminently the place for the chronic cases. Group after group of

buildings can be added to the Springfield plant now in operation. The following citation from the report of the last Grand Jury of Baltimore City is important:

"The committee further reports the startling fact that the State and private institutions are filled to their utmost capacity. The situation is truly alarming, and demands from those in authority the most urgent attention. We quite agree with Dr. Clark and most heartily endorse the views expressed by him advocating State care of the insane, and we would urge upon those having a controlling influence over the charities of the State the importance of making such further extensions at Springfield as will enable the State to place all of its patients, excepting those at Spring Grove, at this place. The expense per inmate to State, City and County would thereby be greatly reduced—at the same time by the concentration of skill and management, the condition of the patient would be correspondingly improved. The care of the insane is a responsibility resting upon those who are more fortunately situated. It is a work that appeals to the cordial and hearty support of all citizens."

In regard to the occupation and treatment of patients, the Superintendent, in his last report, says:

"The effort to find some suitable employment for patients has not been relaxed. The value to patients of some kind of work, however simple in its character and small in its financial return, is in many instances little less than that of medical treatment. Patients are employed in every department with benefit to themselves and some profit to the institution. Our extensive grounds, with farm and garden, offer peculiar advantages for outdoor recreation, and a large part of the outdoor work has been performed by patients. In addition, our industrial and other shops have large numbers employed. Much of the clothing worn by the patients

is made in the tailor shop and sewing room at the respective groups."

See reports of Sewing Room, Tailor, Carpenter and Blacksmith Shops.

"The open door treatment of patients has been continued to its full extent, and no patient has been locked up, and all means of mechanical restraint are unknown. All acute cases are at once put to bed on their arrival at the hospital. From this time on they are under constant observation until their condition has been thoroughly diagnosed and they are properly classified and sent to appropriate cottages. During this time a careful physical examination is made, the secretions looked into and if found faulty, the necessary medical treatment given. The diet of the hospital patients is carefully looked after from the start, and they are given all the nourishment their organism can assimilate, for, in the average acute case to get a patient fat, is to effect a cure. In cases who refuse food, nutrition is maintained by the systematic use of the nasal feeding tube—several cases in the hospital now have been fed in this way for months.

"Of course, any complicating physical disorders receive attention and are treated in accordance with the ordinary principles of medicine. Hypnotics are used as little as possible. On admission, patients are at once informed where they are, and if agitated and apprehensive, an attempt is made to soothe them. The attitude of nurses and attendants towards patients is carefully looked after, and they are not only instructed in training school to treat patients kindly, but it is insisted upon on the wards. As soon as consistent with their physical condition light employment is given them, and all patients not able to work are regularly taken out for a walk, weather permitting.

"Tubercular cases, as heretofore stated, are isolated in tents.

"The epileptics are separated from the other insane in isolated cottages. This is in accord with the most progressive ideas and is in advance of many of our sister States.

"The curable maniac or melancholiac is no longer disturbed by the weird piercing scream and terrible convulsion of the epileptic. This system also allows a more careful diet for this class—*a sine qua non* in the treatment of this disease."

The needs of the Hospital are clearly set forth in the same report :

"Our needs for the next two years are legion, and larger sums of money should be appropriated than heretofore. To stand still is to fall behind. Maryland, having taken an advanced step in caring for her unfortunate insane, must not fall behind. Besides the two infirmary buildings and the Isolation Cottage heretofore mentioned, the following will be needed: Two new cottages for the ever-increasing number of the insane, a central building in which can be located a laboratory, chapel, amusement hall and morgue; a group for the colored insane, a new central kitchen and dining-room at Men's Group, the present kitchen and dining-room being too small for our increasing population; industrial building at Women's Group, a central barn, silo, a slaughter-house, a new piggery, the old one having been invaded by swine plague and thoroughly infected. A sand filter should be constructed on stream near reservoir, our water being liable to pollution at any time."

Officers of the Hospital: Joseph Clement Clark, M. D., Superintendent; J. N. Morris, M. D., Charles J. Carey, M. D., R. M. Bruns, M. D., F. H. Brooks, M. D., Assistant Physicians.

Directors : Dr. Richard F. Gundry, Baltimore County; J. Oliver Wadlow, Carroll County; William H. Forsythe, Howard County; John Hubner, Baltimore County; Edward Lloyd, Talbot County. *Ex-officio*: Governor, Comptroller and Treasurer.

THE MARYLAND ASYLUM AND TRAINING SCHOOL FOR  
FEEBLE-MINDED.

From year to year the Lunacy Commission has called attention to the utterly inadequate provision made by the State for this class. We have an excellent plant and all that is necessary is to enlarge it. There are hundreds of feeble-minded children that could be immeasurably benefitted if only there were accommodations for them. The following citation from the last report of the Superintendent of City Charities is pertinent:

"Attention is again directed to the feeble in mind. Of all classes it seems that these helpless creatures receive the least thought and are the most neglected. More adequate provision is made for the orphan, the sick, insane and the blind than for them. There are scores of these unfortunates to be found all around us, many of whom simply exist and are being cared for little better than ordinary animals.

"The Secretary in one instance discovered a motherless white boy, aged 16, feeble in mind, who was tied in a chair and left absolutely alone from morning until noon, and again until night. These long periods seem inhuman, but the father, when questioned, manifested a deep interest in his son, and had endeavored to make any possible arrangement whereby the child could receive better care. He said his daughter had married and left him, and his earnings were so meagre it was impossible to hire an attendant, and the boy was, therefore, tied to prevent his injuring himself or rolling

against the stove while his father was absent daily working for a livelihood.

"Distressing cases are coming to light continually, the applicants applying to this department for a relief which we are powerless to render, owing chiefly to the lack of room at the State School."

Resident Officers : Dr. Frank W. Keating, Superintendent ; Dr. W. H. H. Campbell, Attending Physician ; Mrs. Susan E. Norris, Matron.

#### BAY VIEW ASYLUM.

The indigent insane of the City of Baltimore are sent to Bay View. The cost of maintenance at this institution is estimated at \$90, and if the patient has friends who are willing to pay the difference between this rate and the charge fixed by law for the State institutions, \$150, the patient is sent to one of these latter institutions.

No criticism can be passed upon the administration or medical care at Bay View, both being excellent, but little is done in the way of systematic employment or entertainment of the patients. Then there is the stigma of the "poor house," which will ever rest upon Bay View. Until State care is established, the name of the Insane Department should be changed. The Secretary often sees patients who are sadly in need of treatment in a hospital for mental diseases, refuse to go to Bay View merely on account of the fancied stigma attached to the name.

When State care is established, one of the buildings now used for the insane could be employed as a detention hospital, where cases of suspected insanity could be kept until a decision could be reached as to their mental condition. The following citations from the last



report of the supervisors of City Charities are of interest:

"During the greater part of the past year our male wards have been overcrowded, and during the latter part of the year we have had too many patients on the white female wards. On December 31 of this year eighteen male and twenty-two female patients were transferred to the State Hospital for the Insane at Springfield. To this extent we are relieved for a time; but our colored male ward continues so full that other provision will have to be made in the near future for this class of patients. The proper solution of this problem lies with the General Assembly by the appropriation of funds to build a colored insane hospital at Springfield or elsewhere. Many acute cases have been treated in our insane department during the past year, and the number of cured and improved cases has been very encouraging. More than one-half of the insane patients have been usefully employed about the institution, and the number of workers will be increased during the coming year, many of the men working on the new farm, and the women in the laundry. The male recreation yard has been enlarged and improved. A neat dining-room has been provided for the male attendants in the basement, and a comfortable sitting room has been fitted up for the female attendants when off duty.

"We often have cases of insanity in our hospital and almshouse departments. Some of these are persons committed as vagrants by magistrates; others develop insanity in the institution. Arrangements have been made for the prompt removal of such cases to the insane department.

"The number of applications for the care of insane persons has slightly increased during the year from 385 to 404. Despite the removals made last year from Bay

View to Springfield, the Insane Department at Bay View Asylum has again become crowded, so that the Mayor and City Council have granted for the coming year the means to remove fifty more. The great majority of those taken under care go to Bay View. As yet the State has made practically no provision for colored patients at the State hospitals. Obviously, it should make such provision.

"Every means is used by the Supervisors to provide care and treatment as soon as possible for persons becoming insane. Prompt treatment is the surest means to recovery. The Supervisors urge constantly the duty of the State to make more adequate provision in well-equipped hospitals on extensive grounds, because as a rule such State institutions can care best for the insane. But they also remind the public that the Insane Department at Bay View Asylum, which has to be used at present for many cases, acute as well as chronic, is under the oversight of a professor of the Johns Hopkins Medical School, that the medical staff is appointed from the nominations of the Johns Hopkins University, and that the care of Bay View is humane and reasonably efficient.

"During the past year, in several cases of complaints made of lack of consideration in treatment at Bay View, prompt inquiries have shown that the complaints were unfounded."

Officers of the institution: Rev. L. F. Zinkhan, Superintendent; H. J. Berkeley, M. D., Visiting Physician; H. D. Purdum, M. D., Resident Physician.

#### THE SHEPPARD AND ENOCH PRATT HOSPITAL.

This institution increases each year in efficiency and usefulness. The following citation from the report of the President of the Board of Trustees will show the manner in which the funds are applied:

"Of the 104 patients under treatment at the close of the year, about 15 per cent. were free, 40 per cent. paid less than half cost, 27 per cent. paid three-fifths the cost, while only about 18 per cent. (nineteen patients) paid the average cost and over. With the exception of moderate outlays for construction of much-needed buildings and roads, for enlargements and renewals, and for keeping all the property in good repair, the entire income from the estates, as well as from patients' pay, has been consumed for the benefit of the Hospital inmates."

In regard to the admission of free patients, the Superintendent says :

"During the year we had an increased demand for the admission of free cases, and of cases at very low rates. As has been the practice in the past, each of these applications has been as carefully scrutinized as possible, so as to limit such admissions as far as practicable to hopeful cases. In many instances great difficulty has been experienced in obtaining anything like an accurate history of the case, and in consequence several patients were admitted in the hope that they might improve, who, upon examination, were found to present little or no prospect of recovery, or even of material improvement. In all cases of this character, when the admission of the case was in question, the applicant has been given the benefit of any doubt which existed and the reception of the case recommended."

A notable feature in the work of this institution is the attention that is paid to the scientific study of the patients from both the somatic and physic standpoint. During the year a handsome volume, "Medical Reports," has been issued containing many important contributions by the staff.

Officers : Edward N. Brush, M. D., Medical Superintendent ; Charles M. Franklin and William R. Dunton,

M. D., Assistant Physicians ; Stewart Paton, M. D., Director of Laboratory ; Clarence B. Farrar, M. D., Clinical Assistant.

#### MOUNT HOPE RETREAT.

This institution has been visited a number of times during the year and always presented a satisfactory aspect. The halls are very bright and cheerful, and the rooms scrupulously clean. The grounds are well kept and ample for recreation, but it is to be regretted that there is not more systematic employment. The laboratory is well equipped and much useful work is accomplished in the study of the urine, blood, stomach contents, etc.

Superintendent, Charles G. Hill, M. D. Visiting Physicians, Drs. Flannery, Burke, Hill and Glover.

#### FONT HILL PRIVATE INSTITUTION FOR NERVOUS AND MENTALLY DEFICIENT CHILDREN.

This institution is very well located in Howard County, near Ellicott City. It is well managed, the children are carefully looked after and the methods of instruction are excellent. The number under treatment during the past year was twenty.

Superintendent, Samuel J. Fort, M. D.

#### THE GUNDRY SANITARIUM.

(ATHOL.)

A special feature of this private institution is that only women are received. It is located on high ground near Catonsville, and consists of two well equipped buildings, with ample grounds. Only mild cases of mental disease are received. The number admitted during the past year was 49. The Sanitarium is conducted by Dr. Alfred T. Gundry, Miss Edith E. Gundry, Miss Grace Gundry.

TABLE No. 1.

*Showing the Statistics of the State and City Hospitals for the Insane and Feeble-Minded.*

HOSPITALS.	Remaining Nov. 30, 1902.					Admitted from Nov. 30, 1902, to Nov. 30, 1903.					Showing the Condition of Patients Discharged from November 30, 1902, to November 30, 1903.					Remaining Nov. 30, 1903.				
	White.		Colored.		Total.	White.		Colored.		Total.						White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.		Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.	Female.	
Maryland Hospital for the Insane (Spring Grove).....	254	220	32	24	530	44	22	8	5	79	17	9	7	46	79	256	234	35	26	551
Second Hospital for the Insane (Springfield).....	255	181	.....	.....	436	75	76	.....	.....	151	29	9	9	26	73	290	225	.....	.....	515
Bay View Asylum.....	67	138	58	105	368	91	66	26	32	215	32	45	63	47	187	77	143	70	106	396
Maryland Asylum and Training School for the Feeble-Minded .....	63	46	.....	.....	109	19	4	.....	.....	23	8	7	1	2	18	63	46	.....	.....	109
Totals.....	639	585	90	129	1443	229	168	34	37	468	86	70	80	121	357	686	648	105	132	1571

TABLE No. 2.

*Showing the Statistics of the Private and Corporate Institutions for the Insane.*

INSTITUTIONS.	Remaining Nov. 30, 1902.			Admitted from Nov. 30, 1902 to Nov. 30, 1903.			Showing the Condition of Patients Discharged from November 30, 1902, to November 30, 1903.					Remaining Nov. 30, 1903.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	244	374	618	55	95	150	70	32	5	49	156	239	373	612
Sheppard and Enoch Pratt Hospital.....	43	55	98	52	69	121	25	40	31	9	105	43	55	98
Richard Gundry Home.....	16	20	36	80	28	108	20	66	15	9	110	18	16	34
The Gundry Sanitarium.....		23	23		49	49	19	27	2	2	50		25	25
Conrad's Sanitarium.....	3	5	8	9	9	18	5	2	2		9	5	12	17
Rigg's Cottage.....	1	2	3	1	2	3	2	1			3	1	2	3
Font Hill Training School.....	14	5	19	1	1	2	1		2	1	4	12	5	17
Totals.....	321	484	805	198	253	451	142	168	57	70	437	318	488	806

TABLE No 3.  
*Showing the Statistics of the County Asylums for the Insane.*

ASYLUMS.	Remaining Nov. 30, 1902.					Admitted from Nov. 30, 1902, to Nov. 30, 1903.					Showing the Condition of Patients Discharged from November 30, 1902, to November 30, 1903.					Remaining Nov. 30, 1903.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered. Improved. Unimproved. Died. Total.					White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Montevue (Frederick County).....	32	19	27	33	111	5	3	8	13	29	1	4	.....	5	10	36	26	27	34	123
Sylvan Retreat (Alleghany County).....	41	48	1	3	93	11	7	1	1	20	1	6	.....	12	19	41	48	1	3	93
Cherry Hill (Cecil County).....	13	10	4	3	30	6	1	.....	.....	7	1	2	.....	3	6	14	11	4	2	31
Bellevue (Washington County).....	14	18	2	1	35	1	1	.....	1	3	.....	.....	2	7	9	13	19	3	1	36
Totals.....	100	95	34	40	269	23	12	9	15	59	3	12	2	27	44	104	104	35	40	283

TABLE No. 4.

*Showing the Statistics of the County Almshouses, in which Insane are Kept.*

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1902.					Admitted from Nov. 30, 1902, to Nov. 30, 1903.					Showing the Condition of Patients Discharged from November 30, 1902, to November 30, 1903.					Remaining Nov. 30, 1903.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Allegheny.....	4	5			9	4	5			9			9		9	4	5			9
Anne Arundel.....	5	3	6	5	19	8	3	12	7	30	5			10	15	3	3	6	3	15
Baltimore.....	11	3	4	4	22	2			1	3				1	1	11	3	4	4	22
Caroline.....		2	1	2	5	4	1	1		6		3		5	8	3	3	3	4	13
Carroll.....	21	18	4	2	45	8	10	3	2	23	1	1		4	6	21	18	4	2	45
Cecil.....	25	6	7		38	9	3	2	1	15						9	3	2	1	15
Dorchester.....	4	3	2	2	11		1		2	3	1	1		1	3	4	3	1	3	11
Harford.....	2	2	2	4	10	1	1		2	4						3	2	2	6	13
Kent.....	6	4	9	9	28	8	3	8	4	23	4			13	17	6	4	9	9	28
Montgomery.....	10	3	8	4	25	1				1				5	5	3	3	3	3	12
Prince George's.....	1	1	2		4		1	1	1	3				3	3	1	1	1	1	4
Queen Anne's.....	2	1	1	3	7	2	1	1	3	7		1	5		6	2	1	1	3	7
Somerset.....	2	1	4	10	17				2	2	1			2	3			4	4	8
Talbot.....	1	1		1	3	2				2						2	3	2	6	13
Wicomico.....	4	2	2	4	12	1	1			2			1		1	1	2		3	6
Worcester.....	8	4	1	2	15	2	1	1	1	5				5	5	6	6	2	1	15
Totals.....	106	59	53	52	270	52	31	31	24	138	12	6	15	49	82	79	60	44	53	236



TABLE No. 5.  
*Showing the Statistics of the Colored Insane.*

(These figures are given in detail in the preceding Tables.)

INSTITUTIONS.	Remaining Nov. 30, 1902.	Admitted from Nov. 30, 1902, to Nov. 30, 1903.	Remaining Nov. 30, 1902.
State and City Hospital for the Insane.....	219	71	237
County Asylums.....	74	24	75
County Almshouses.....	105	55	97
Total.....	398	150	409

TABLE No. 6.  
*Total Number of Insane in the State. Comparison  
 Between the Years 1902 and 1903.*

YEARS.	Admitted.	Discharged or Died.	Remaining Nov. 30, 1903.
1902.....	1061	924	2787
1903.....	1116	920	2896